

PEPE & HAZARD LLP

30 JELLIFF LANE
SOUTHPORT, CONNECTICUT 06890-1436
203.319.4000 FACSIMILE: 203.259.0251

KRISTIN B. MAYHEW

Attorney At Law

†Also Admitted in PA & NJ

Direct: 203.319.4022

kmayhew@pepehazard.com

December 16, 2009

The Garden City Group, Inc.
Attn: Motors Liquidation Company
P.O. Box 9386
Dublin, Ohio 43017-4286

Attention: Claims Administrator

Re: In re Motors Liquidation Company f/k/a General Motors Corporation;
Case No. 09-50026 (REG); U.S. Bankruptcy Court, Southern District of New York
Request for the withdrawal of NCR Corporation Proof of Claim #59699 only

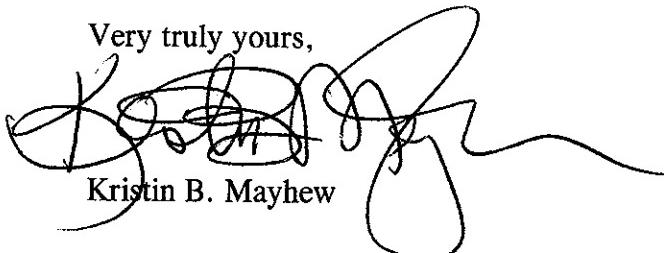
Dear Sir/Madam:

The purpose of this letter is to request that the above referenced Proof of Claim be withdrawn. A copy is attached for your reference.

Please be advised there are other subsequent Proof of Claims that were filed on behalf of NCR Corporation, and those claims should remain on the register. **We are only requesting that the attached Proof of Claim #59699 be withdrawn.**

Thank you for your assistance in this matter.

Very truly yours,


Kristin B. Mayhew

KBM:klw
Enclosure

KLW/32073/60/96234v1
12/16/09-SPT/

BOSTON

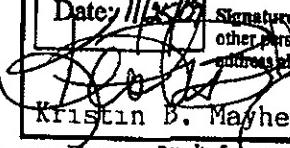
HARTFORD

FAIRFIELD COUNTY

WATERBURY

www.pepehazard.com

B 10 (Official Form 10) (12/08)

UNITED STATES BANKRUPTCY COURT Southern District of New York		PROOF OF CLAIM	
Name of Debtor General Motors Corp., et al.	Case Number 09-50026 (REG)		
NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (the person or other entity to whom the debtor owes money or property) NCR Corporation	<i>111 CITY NEW YORK 27.2009 NYC</i>		
Name and address where notices should be sent Kristin B. Mayhew Pepe & Hazard LLP, 30 Jelliff Lane, Southport, CT 06890	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim Court Claim Number: _____ (If known) Filed on: _____		
Telephone number (203) 319-4022			
Name and address where payment should be sent (if different from above) NCR Corporation; Attn: Roger McCready 1700 South Patterson Boulevard Dayton, OH 45479	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars		
Telephone number	<input type="checkbox"/> Check this box if you are the debtor or trustee in this case		
1. Amount of Claim as of Date Case Filed: \$ <u>unliquidated</u> If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges <u>See attached Rider.</u>	5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim		
2. Basis for Claim: <u>environmental liabilities related to S. Dayton</u> (See instruction #2 on reverse side)	<input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B)		
3. Last four digits of any number by which creditor identifies debtor: <u>0000 and 100011</u>	<input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507(a)(4)		
3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side)	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507(a)(5)		
4. Secured Claim (See instruction #4 on reverse side) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information	<input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507(a)(7)		
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicles <input type="checkbox"/> Other Describe: _____	<input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507(a)(8)		
Value of Property: \$ _____ Annual Interest Rate: % _____	<input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507(a): _____ Amount entitled to priority: \$ _____		
Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____	*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____			
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.			
7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)			
DO NOT SEND ORIGINAL DOCUMENTS ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING			
If the documents are not available, please explain: _____			
Date: <u>11/08/09</u>  Kristin B. Mayhew, Pepe & Hazard LLP, 30 Jelliff Lane, Southport,	<p>Signatures: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any</p> <p>CT 06890-1436</p> <p>FOR COURT USE ONLY</p>		
Attorney-in-Fact <i>Penalty for presenting fraudulent claim. Fine of up to \$500,000 or imprisonment for up to 5 years, or both 18 U.S.C. §§ 152 and 3571</i>			